


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 023 ****61.25

DOCUMENT # N05000008997	
1. Entity Name CANYON SPRINGS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039
--	--

40066104



2. Principal Place of Business 1600 Sawgrass Corp. Parkway Suite, Apt. #, etc. Suite 300 City & State Sunrise FL Zip 33323 Country USA	3. Mailing Address 1600 Sawgrass Corp. Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise FL Zip 33323 Country USA
--	---

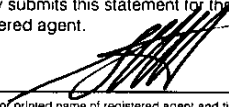
03312006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-3407667	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HELFMAN, STEVEN M 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039	7. Name and Address of New Registered Agent Name: Steven M. Helfman Street Address (P.O. Box Number is Not Acceptable): 1600 Sawgrass Corp. Parkway Suite 300 City: Sunrise FL Zip Code: 33323
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/4/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SMITH, BARBARA STREET ADDRESS 1401 UNIVERSITY DRIVE #200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	<input type="checkbox"/> Delete	TITLE PD NAME Smith, Barbara STREET ADDRESS 1600 Sawgrass Corp. Parkway CITY-ST-ZIP Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME DIDONNA, JILL C STREET ADDRESS 1401 UNIVERSITY DRIVE #200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	<input type="checkbox"/> Delete	TITLE VD NAME Didonna, Jill C STREET ADDRESS 1600 Sawgrass Corp. Parkway CITY-ST-ZIP Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSTD NAME N. MARIA MENENDEZ STREET ADDRESS 1401 UNIVERSITY DRIVE #200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	<input type="checkbox"/> Delete	TITLE VSTD NAME N. Maria Menendez STREET ADDRESS 1600 Sawgrass Corp Parkway CITY-ST-ZIP Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Director Secretary Treasurer** 954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #